



TOWN OF FRAMINGHAM
Department of Public Health
150 Concord Street
Framingham, MA 01702-8368

Physical Office Location: 31 Flagg Drive, Door 14 Framingham, MA

Board of Health

Michael R. Hugo, Esq., Chairman
Laura T. Housman, MPH, Secretary
David W. Moore, M.D.

Director of Public Health
Michael Blanchard, MS, REHS/RS

Tel: (508) 532-5470
Fax: (508) 620-4833
health@framinghamma.gov

FOOD ESTABLISHMENT PERMIT APPLICATION

New Establishments and Renewals

Dear Owner/Manager:

Attached is the Town of Framingham Food Establishment Permit Application.

It is important to **complete all pages of this application**. Incomplete applications will **NOT BE ACCEPTED**.

A Complete application must include the following:

- Completed Food Establishment Permit Application front to back including the following:
 - Days and Hours of Operation
 - Number of Seats
 - Signed Application
- Completed Worker's Compensation Insurance Affidavit
- Current ServSafe or Certified Food Protection Manager Certificate
- Current Choke Saver Certificate (Food Establishments with 25 or more seats)
- Current Food Allergen Certificate
- Copy of your employee sickness policy (example attached)
- Copy of your pest control contract
- Copy of your waste removal contract
- Correct Permit Fee(s); see attached application for fee schedule
- Completed Regulation of the Framingham Board of Health Restricting the Sales of Tobacco & Nicotine Delivery Products Permit Application (if tobacco products are sold)
- Copy of MA Department of Revenue Tobacco Sales Permit (if tobacco products are sold)

If submitting for renewal, please be advised that a complete application, including payment, must be received at least **FOURTEEN (14) days prior to current permit expiration date** in order to process your renewal of the Food Service Application in a timely manner.

If submitting as a new establishment, please be advised that a complete application, including payment, must be received at least **THIRTY (30) days prior to your scheduled opening** in order to process your renewal of the Food Service Application in a timely manner.

The Board of Health office hours are Monday - Friday, 8:30 AM to 5:00 PM. Should you have any questions please contact this office at (508) 532-5470.

Town of Framingham

Food Service Establishment Permit Application

ESTABLISHMENT INFORMATION

Name of Corporation, Partnership, Partners, or Individual Owner

Trade Name/Doing Business As (DBA)

Location of Establishment (Street Address)

Mailing Address of Establishment (If Different)

Establishment Email Address

Establishment Phone Number

Establishment Fax Number

Establishment Owned By:

☐ An association ☐ A corporation ☐ An individual ☐ A partnership ☐ Other legal entity

LIST NAMES (Last, First) of Owner, Partners, or Corporate Officers

1	Name	Phone Number	Email Address	Title
1	Address	City	State	Zip Code
	Street			
2	Name	Phone Number	Email Address	Title
	Address	City	State	Zip Code
3	Name	Phone Number	Email Address	Title
	Address	City	State	Zip Code
4	Name	Phone Number	Email Address	Title
	Address	City	State	Zip Code

CERTIFIED FOOD MANAGER (attach copy of certificates)

1	Name	Trained in Food Allergy Awareness?	Yes:	No:
1		Trained in Anti-Choking Procedures?	Yes:	No:

Office Use Only

Date Rec'd. _____
 Amt. Paid _____
 San Appr. _____
 Dir Appr. _____
 Permit # _____
 Decal # _____
 Check # _____

HOURS OF OPERATION

Mon _____ Tues _____ Wed _____ Thurs _____
 Fri _____ Sat _____ Sun _____

Type of Permit: Annual _____ Seasonal _____

PERSON IN CHARGE (Person Responsible for Daily Activities)					
1	Name		Phone Number	Email Address	Title
	Address	Street	City	State	Zip Code
DISTRICT OR REGIONAL SUPERVISOR (If Applicable)					
2	Name		Phone Number	Email Address	Title
	Address	Street	City	State	Zip Code

TYPE OF PERMIT	FEE	AMOUNT DUE
FOOD SERVICE - EXPIRES December 31st		
Food Service Establishment - 50 seats or less	\$150.00	
Food Service Establishment - 51 to 200 seats	\$225.00	
Food Service Establishment - more than 200 seats	\$400.00	
RETAIL FOOD - EXPIRES May 31st		
Limited Retail (prior approval required)	\$50.00	
10,000 square feet or less- no food service	\$150.00	
10,000 square feet or less - with food service	\$225.00	
Greater than 10,000 square feet	\$400.00	
CATERER - EXPIRES May 31st		
Framingham business	\$150.00	
Outside Framingham Caterers, Temporary Permit Expires After Each Function	\$20.00	
SEASONAL FOOD ESTABLISHMENT	\$75.00	
TOBACCO PRODUCTS - EXPIRES DECEMBER 31ST	\$100.00	

SIGNATURE

As required by MGL c 152 s 25A, this Establishment is in compliance with the Massachusetts Workers Compensation Coverage Requirement (establishments not required to comply with this coverage requirement must submit copies of the Department of Industrial Accidents affidavit form with this application)

Yes: ____ No: ____

I, the undersigned certify under the penalties of perjury that the applicant has filed state tax returns and paid all state taxes as required by law. (MGL Chap62Cs 49A)

By signing this form, I the undersigned, attest to the accuracy of the information provided in this application

Permit Applicant Signature

Federal ID Number or Social Security Number

Print Name

By: _____
Corporate Officer (if applicable)

Date

**APPLICATIONS MUST BE SUBMITTED AT LEAST 30 DAYS BEFORE PLANNED ACTIVITY.
FOOD CARTS/VEHICLES MUST BE INSPECTED AT LEAST 10 DAYS BEFORE PLANNED ACTIVITY**

[YOUR LETTERHEAD]

Employee Illness Policy - Sample

Effective _____ 2016, _____ (Establishment) has incorporated the following Employee Illness Policy as required under the revised Massachusetts Food Code, 105 CMR 590.00.

All employees must report to management (person in charge) when presenting symptoms of an illness that can potentially be spread through food handling. Symptoms which must be reported include; *diarrhea, vomiting, fever, sore throat, runny nose, jaundice, or any cuts or open wounds* on exposed skin.

In addition, any known exposure (food handler lives in the same household with a person who has any of the following illness, or lives with a person who works at a location where there has been a confirmed outbreak of the following illnesses) or confirmed diagnosis of any of the following infections or diseases **must be reported to the Person In Charge:**

- Typhoid fever (Salmonella Typhi)
- Shigellosis (Shigella spp.)
- Escherichia coli infection (E. Coli)
- Hepatitis A (Hepatitis A virus)

Report to the person in charge if you are diagnosed with infections caused by:

- **Entamoeba histolytica**
- **Campylobacter**
- **Vibrio cholera**
- **Cryptosporidium parvum**
- **Giardia lamblia**
- **Hemolytic Uremic Syndrome**
- **Salmonella (non-typhi) spp.**
- **Yersinia enterocolitica**
- **Cyclospora cayetanensis**
- **Any other disease transmissible through food. The Framingham Board of Health can assist you in determining if an illness is transmissible through food.**

All Person's In Charge when notified by employees of any of the aforementioned symptoms or illnesses must decide whether or not to **restrict or exclude** employees from handling food until such time that the potential for contamination no longer exists.

The Person In Charge should **refer to the "Guide to Excluding and Restricting Food Employees for Establishments Serving the General Population"** as outlined by the Massachusetts Department of Public Health and provided by the Framingham Board of Health.

Any employee with a confirmed diagnosis or suspected exposure to any of the highly infectious pathogens mentioned above must provide the Person In Charge with **a letter from the individual's physician clearing them for return to work.**